



# The Future of Virtual Health

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## Introduction to Envision Healthcare and EVPS

### ENVISION HEALTHCARE

Envision Healthcare is one of the nation's leading physician-led medical groups, delivering care when it's needed most. Operating in more than 740 facilities in 45 states, Envision provides services primarily in the areas of emergency medicine, hospitalist medicine, anesthesiology, radiology, trauma surgery, and neonatology. It is a market leader in office-based care and ambulatory surgical care and is on the front lines of the change in healthcare delivery across the United States.

### ENVISION PHYSICIAN SERVICES

Envision Physician Services (EVPS) is the preferred national medical group for clinicians and a health solutions partner for 1,250 healthcare practice sites in more than 740 hospitals around the country. Its nearly 27,000 clinicians, which include physicians, physician assistants, advanced practiced registered nurses, and certified registered nurse anesthetists, complete more than 35 million patient encounters annually, including 15 million emergency department visits, making EVPS the nation's largest emergency medicine medical group. EVPS clinicians provide more than 750,000 annual office-based outpatient services to more than 400,000 patients at more than 250 outpatient sites.

Virtual health, often referred to as telemedicine or telehealth, has been an integral part of EVPS clinicians' efforts to provide quality, affordable routine care to patients since 2010. Through virtual health consultations, EVPS offers neurology, maternal-fetal medicine, intensivist, and trauma services. EVPS virtual health physicians also support community paramedicine, a relatively new and evolving discipline that utilizes advanced practice professionals, paramedics, and nurses to provide in-home services such as post-discharge follow-up to prevent readmissions, chronic disease management, injury prevention, and on-scene treatment to reduce the need for 911 transports to hospitals. EVPS serves patients in medically underserved locations, both rural and urban, and patients who require access to specialty care across multiple disciplines. By combining clinical and programmatic expertise with a personal touch, EVPS virtual health services improve patient satisfaction, compliance, and outcomes.



### Virtual Health Saves Lives

Virtual health technology makes it easier for EVPS to provide patients with **high-quality, potentially lifesaving medical care.**



### Better Care for Underserved Communities

By connecting with patients at home, virtual health helps **close the gap** in underserved communities and achieve better outcomes in urban, rural, and impoverished areas.

## How EVPS Clinicians Have Used Virtual Health During COVID-19

EVPS' expertise has enabled clinicians to seamlessly provide an alternative method for the care of thousands of patients during the COVID-19 pandemic. Reforms undertaken by the Centers for Medicare and Medicaid Services (CMS) in response to COVID-19 expand the use of virtual health services and allow clinicians to provide safer treatment options for both COVID-19-positive patients and those without the virus. **These reforms must be made permanent.** U.S. Health and Human Services (HHS) Secretary Alex Azar has said as much. In remarks on Capitol Hill on July 9, Secretary Azar said, "I've been traveling all over the country and I visit with doctors and hospitals and nursing homes. I think we'd have a revolution if anyone tried to go backwards on this. This is now I think an embedded part of our health care system." The secretary also pledged, "HHS will do everything it can to permanently keep telehealth waivers granted during the pandemic."<sup>1</sup>

Since the expansion of virtual health services enabled by CMS, EVPS clinicians and health professionals have delivered more than 118,000 virtual health evaluations in the acute setting (e.g., emergency, intensive care, surgical) and more than 100,000 virtual office visits.

During peak COVID-19 volumes, multiple academic medical centers set up tents outside their emergency departments to screen patients with potential coronavirus symptoms. Using virtual health, an attending emergency physician inside the facility could evaluate the patient while also supervising residents and managing patients inside the emergency center. EVPS clinicians so far have used virtual health technologies to safely triage and evaluate approximately 8,000 patients who remained in their vehicles or otherwise outside of a medical facility. This simple change reduces potential exposure to the virus and allows clinicians to separate patients with signs and symptoms of the virus from those who were accessing the emergency department for other reasons.

Virtual health applications help improve long-term outcomes from emergency department visits. Up to 40 percent of patients discharged from emergency departments are unable to undergo planned or recommended follow-up appointments. Distance from the physician's office or clinic and inadequate transportation are two of the many factors that contribute to a lack of timely follow-up.<sup>2</sup> These patients have poorer health outcomes; virtual health can remove some of the roadblocks and improve patient's health.

### Lessons Learned from COVID-19

**COVID-19 makes it clear that virtual technology should be permanently accessible for providers and patients.**

Virtual health:

- Allows safer evaluation for critically ill patients.
- Facilitates compassionate tele-palliative care.
- Routes patients to the appropriate level of care and diagnoses patients with COVID-19 who otherwise wouldn't have been tested.
- Conserves PPE.
- Enables collaboration across facilities and specialties.

<sup>1</sup> Dorothy Mills-Gregg, "HHS Secretary Says Telehealth Here To Stay," [Inside Health Policy](#), July 9, 2020.

<sup>2</sup> Sassan Naderi, et al, "Factors Associated With Failure To Follow-Up At A Medical Clinic After An ED Visit," [American Journal of Emergency Medicine](#), February 2012.

Virtual health applications also enable clinicians to keep in touch with patients after discharge from an emergency department visit or inpatient stay by allowing clinicians to virtually perform a home visit to evaluate a patient, assess their progress, and adjust management as indicated. Outreach for ongoing management of post-acute or chronic problems, such as diabetes or hypertension, has been demonstrated to improve efficiency and outcomes while concurrently reducing costs associated with preventable emergency department visits and hospitalizations.<sup>3</sup> Given the increased vulnerability of elderly patients, especially at nursing homes, being able to connect with them virtually helps to keep these patients, nursing home staff, and practitioners safe.

Clinicians can keep patients in touch with their families using virtual health applications. Visitors have not been allowed in the hospital during the pandemic. For patients and families facing potentially undesired medical interventions, virtual health enables palliative care experts to collaborate with patients and families safely at the bedside to make challenging end of life decisions. In some cases, these decisions facilitate the re-deployment of limited resources such as ventilators.

For patients in every setting, the ability to be seen by a clinician virtually reduces the anxiety associated with potential virus exposure while improving the timely evaluation of new concerns and the continuity of care for chronic problems. EVPS clinicians consistently have heard from patients during this crisis, especially those facing a visit to the ED, that they are relieved to be able to see a clinician in a “medically distanced” manner.

### **Based on experiences during COVID-19, EVPS physicians advise that federal policymakers make COVID-19 virtual health policies permanent.**

This would:

- Reduce costs while maintaining quality of care;
- Reduce healthcare disparities for underserved and disenfranchised patients;
- Improve access to specialists;
- Enable clinicians to see patients in multiple settings at once;
- Allow clinicians to provide continuity of care even in disaster situations when face-to-face evaluation is not feasible and/or potentially unsafe; and
- Reduce the impact of physician and nurse shortages.



## **Virtual Health is a Game Changer in the Emergency Department**

During COVID-19, EVPS clinicians used virtual health technologies to safely triage **almost 8,000 non-COVID-19 patients outside of a medical facility**, preventing exposure to the virus. **Virtual health services have been indispensable throughout the pandemic and should be permanently accessible going forward.**

<sup>3</sup> Robert Domeier, et al., “Community Paramedic Mobile Integrated Healthcare Program Addressing Low Acuity 9-1-1 Patients Reduces Ambulance Transports To Emergency Centers While Enhancing Patient Experience,” Prehospital Emergency Care, January/February 2020.

## Virtual Health Prior to COVID-19

According to a 2018 Health Affairs review of American Medical Association survey data, by 2016 only 15 percent of U.S. physicians routinely used virtual health.<sup>4</sup> Why were rates so low?

Regulatory barriers were one reason. As Brookings Institution and John Locke Foundation scholars have explained, virtual health has been “stifled by the ambiguous and often changing regulations ... especially across state lines.”<sup>5</sup>

The barriers include:



**Access.** Geographic limitations written into state and federal regulations limited patients’ access to virtual services based on where they were. Regulations also often required a patient and provider to have a preexisting relationship in order to participate in virtual health applications.



**Reimbursement.** Federal Medicare reimbursement policies limited where virtual health services could take place, both geographically and by facility, and what services could be reimbursed. State Medicaid and private payer laws contained similar restrictions, including reimbursing virtual health visits at a lower rate than office-based visits.



**Licensure.** Licensing requirements varied across state lines, compelling clinicians to invest significant time and money if they wish to serve patients in more than one state.

There were other state and federal barriers as well. The Drug Enforcement Agency required an in-person evaluation before a provider could prescribe a controlled substance. Additionally, 38 states and District of Columbia required providers to obtain and document informed consent, usually in writing, from patients before engaging in a virtual health visit.<sup>6</sup>

Patient and physician concerns about virtual health also were a barrier to adoption, especially when it came to payment. According to American Well’s 2019 physician survey, nearly one-third of physicians were either unwilling or unsure about using technology to communicate with their patients. More than three-quarters of physicians (76 percent) who were skeptical of virtual health said worries about reimbursement was a cause for their anxiety.<sup>7</sup>

A July 2019 JD Power survey found nearly 40 percent of consumers said their health system or insurance provider did not provide coverage for virtual health. Nearly 35 percent said they were not sure if these costs were covered.<sup>8</sup> Elderly patients were among the most skeptical, but as the COVID-19 pandemic has unfolded, EVPS has found that about 40 percent of its virtual health patients are over the age of 65, and more than 44 percent of these patients access our clinicians for additional virtual visits.

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<sup>4</sup> Carol K. Kane and Kurt Gillis, “The Use Of Telemedicine By Physicians: Still The Exception Rather Than The Rule,” [Health Affairs](#), December 3, 2018.

<sup>5</sup> Jack Karsten, Nicol Turner Lee, and Jordan Roberts, “Removing Regulatory Barriers To Telehealth Before And After COVID-19,” [Brookings Institution and John Locke Foundation](#), May 6, 2020.

<sup>6</sup> Gabriela Weigel, Amrutha Ramaswamy, Laurie Sobel, Alina Salganicoff, Juliette Cubanski, and Meredith Freed, “Opportunities And Barriers For Telemedicine In The U.S. During The COVID-19 Emergency And Beyond,” [Kaiser Family Foundation](#), May 11, 2020.

<sup>7</sup> “Telehealth Index: 2019 Physician Survey,” [American Well](#), December 2018.

<sup>8</sup> Press Release, “One In 10 Americans Use Telehealth, But Nearly 75% Lack Awareness Or Access, J.D. Power Finds,” [J.D. Power](#), July 31, 2019.

Even the most skeptical Americans have embraced virtual health during COVID-19. Policymakers must honor that shift by cementing the regulatory changes enacted to deal with the pandemic.

## The Pandemic Brought Changes to Virtual Health Legal and Regulatory Barriers

With approximately 97 percent<sup>9</sup> of Americans under strict stay-at-home orders by April, and millions of physician offices shuttered, policymakers began to relax virtual health rules for their constituents. They have eased geographic limitations, instituted payment parity between in-person and virtual visits, allowed Emergency Medical Screening Examinations to occur virtually instead of face to face, waived “pre-existing relationship” requirements, and eased technological requirements.

According to the Kaiser Family Foundation:<sup>10</sup>

- CMS has loosened restrictions on virtual health in Medicare by allowing beneficiaries from any geographic location to access services from their homes, which has allowed more than 80 services<sup>11</sup> to be temporarily available to patients.
- HHS has waived enforcement of Health Insurance Portability and Accountability Act (HIPAA).
- The DEA has loosened requirements on e-prescribing of controlled substances.

State officials have:

- Expanded the use of virtual health in Medicaid programs.
- Relaxed licensing laws and regulations regarding online prescribing and written consent.
- Required private insurance plans to provide coverage and reimbursement parity regardless of where a service was rendered.<sup>12</sup>

Commercial insurers have voluntarily reduced or eliminated cost sharing and expanded in-network virtual health providers.

Americans have responded by dramatically increasing their use of virtual health services.

Updax found 42 percent of U.S. adults already have used virtual health services during the coronavirus pandemic.<sup>13</sup> By April, nearly three-quarters of private practices were offering these services.<sup>14</sup>

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<sup>9</sup> Gabrielle Masson, “7 States Without Stay-At-Home Orders (And Why),” [Becker’s Hospital Review](#), April 14, 2020.

<sup>10</sup> Gabriela Weigel, Amrutha Ramaswamy, Laurie Sobel, Alina Salganicoff, Juliette Cubanski, and Meredith Freed, “Opportunities And Barriers For Telemedicine In The U.S. During The COVID-19 Emergency And Beyond,” [Kaiser Family Foundation](#), May 11, 2020.

<sup>11</sup> “Medicare Telemedicine Health Care Provider Fact Sheet,” [Centers for Medicare & Medicaid Services](#), Fact Sheet, March 17, 2020.

<sup>12</sup> [Fact sheet](#), American Medical Association.

<sup>13</sup> David Hutton, “COVID-19: Survey Finds Americans Are Embracing Telehealth Services,” [Ophthalmology Times](#), May 26, 2020.

<sup>14</sup> Keith A. Reynolds, “Survey: Private Practices Turn To Telemedicine To Offset Coronavirus Dip,” [Medical Economics](#), April 8, 2020.

For some providers, virtual health has been the only way to provide care. According to Xtelligent Healthcare Media, 63 percent of healthcare organizations used virtual health visits since shortages of PPE inhibited in-person visits.<sup>15</sup>

According to McKinsey & Company, providers have been able to almost double the number of patients they see on a daily basis because of the expansion of virtual health. Now, more than three-quarters of Americans say they are interested in using virtual health.<sup>16</sup>

## Patients Understand the Benefits of Virtual Health - during COVID-19 and Beyond

Source: Oleg Bestsenny, Greg Gilbert, Alex Harris, and Jennifer Rost, "Telehealth: A Quarter-Trillion-Dollar Post-COVID-19 Reality?" [McKinsey & Company](#), May 29, 2020

### HOW HAS COVID-19 CHANGED THE OUTLOOK FOR TELEHEALTH?

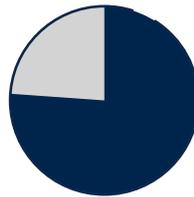
#### Consumer

Shift from:



**11%**

use of telehealth in 2019



**76%**

now interested in using telehealth going forward

## CMS Must Make Some Reforms Permanent

The American College of Physicians has recommended that, at a minimum, the virtual health policies put in place during the pandemic be extended through 2021 since "it is unlikely that in-person visits to practices will return to pre-pandemic levels" due to lingering patient anxiety and the fact that physicians will have to schedule fewer patients to be seen in the office."<sup>17</sup>

EVPS physicians recommend policymakers go further. As Brookings/John Locke Foundation scholars warned, "If the U.S. reverts to its long-term memory over the statutes that were in place, the country will likely negate the lessons learned under a deregulatory, streamlined framework over the last few months."<sup>18</sup>

<sup>15</sup> Healthcare Industry's Response To COVID-19," [Xtelligent Healthcare Media](#), May 2020.

<sup>16</sup> Oleg Bestsenny, Greg Gilbert, Alex Harris, and Jennifer Rost, "Telehealth: A Quarter-Trillion-Dollar Post-COVID-19 Reality?" [McKinsey & Company](#), May 29, 2020.

<sup>17</sup> "Providers Want Equal Telehealth Reimbursement Beyond COVID-19," [CureMD](#), June 12, 2020.

<sup>18</sup> Jack Karsten, Nicol Turner Lee, and Jordan Roberts, "Removing Regulatory Barriers To Telehealth Before And After COVID-19," [Brookings Institution and John Locke Foundation](#), May 6, 2020.

EVPS physicians recommend federal and state officials permanently:

- Ease restrictions on virtual health in Medicare by allowing beneficiaries from any geographic location to access services from their homes.
- Ease restrictions on written consent and permanently waive enforcement of HIPAA for virtual health.
- Ease prescribing in the virtual health setting, including states' regulation of clinicians' e-prescribing of controlled substances.
- Expand use of virtual health in Medicaid programs;
- Change licensing laws to make it easier for physicians to obtain licensure in multiple states and contiguous regions; and
- Require private insurance plans to provide coverage and reimbursement parity regardless of where a service was rendered.



## **CMS Administrator Seema Verma on Making Virtual Health Policies Permanent:**

**“I just can’t imagine going back because people recognize the value of this.”**

Source: Mohana Ravindranath, “Why Virtual Care Will Outlast The Pandemic,” [Politico](#), June 12, 2020.

There is bipartisan support for these changes. In a June 2020 letter, a group of 30 senators said, “Congress should expand access to telehealth services on a permanent basis so that telehealth remains an option for all Medicare beneficiaries both now and after the pandemic. Doing so would assure patients that their care will not be interrupted when the pandemic ends. It would also provide certainty to health care providers that the costs to prepare for and use telehealth would be a sound long-term investment.”<sup>19</sup> Sen. Brian Schatz (D-Hawaii) has said, “Telehealth has rapidly transformed from a technocratic, wonky issue to an essential strategy for keeping people alive ... We’re going to realize that all the changes we enacted ought to be permanent.” CMS Administrator Seema Verma has said, “I just can’t imagine going back because people recognize the value of this.”<sup>20</sup>

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<sup>19</sup> [Letter](#) to Senate Majority Leader Mitch McConnell and Senate Minority Leader Charles Schumer, June 15, 2020.

<sup>20</sup> Mohana Ravindranath, “Why Virtual Care Will Outlast The Pandemic,” [Politico](#), June 12, 2020.

## Conclusion

According to a 2011 study of Medicare beneficiaries, virtual health programs can save between \$312 and \$542 per patient per quarter and lower mortality rates by as much as 2.5 percent.<sup>21</sup>

Without permanent changes to state and federal policies, utilization of virtual health services easily could easily dip back to pre-pandemic levels—an outcome that would lead to reduced access and higher costs for all Americans, particularly those in the greatest need.

The benefits of virtual health became apparent during the crisis. As McKinsey<sup>22</sup> has concluded:



“Telehealth can increase access to necessary care in areas with shortages, such as behavioral health, improve the patient experience, and improve health outcomes. Fundamentally, the integration of fully virtual and near-virtual health solutions brings care closer to home, increasing the convenience for patients to access care when they need it and the likelihood that they will take the right steps to manage their care.”

EVPS physicians strongly advocate for lasting change to improve the quality, efficiency, and safety, and ultimately, reduce the cost of patient care. Virtual health provides significant value for the healthcare dollar. It is time for federal policy to acknowledge these facts and reflect the results, potential, and promise of virtual health.

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<sup>21</sup> Laurence C. Baker, et. al, “Integrated Telehealth And Care Management Program For Medicare Beneficiaries With Chronic Disease Linked To Savings,” [Health Affairs](#), September 2011.

<sup>22</sup> Oleg Bestsenyy, Greg Gilbert, Alex Harris, and Jennifer Rost, “Telehealth: A Quarter-Trillion-Dollar Post-COVID-19 Reality?” [McKinsey & Company](#), May 29, 2020.